APPLICATION FOR TEMPORARY FOOD PERMIT

FAIRFAX COUNTY HEALTH DEPARTMENT FOOD SAFETY SECTION 10777 MAIN STREET, SUITE 111 FAIRFAX, VIRGINIA 22030

TELEPHONE: (703) 246-2444 FAX: (703) 385-9568

THIS APPLICATION AND <u>PERMIT FEE OF \$40.00</u> MUST BE SUBMITTED TO THE HEALTH DEPARTMENT AT LEAST TEN (10) DAYS PRIOR TO THE DATE OF THE EVENT. EACH QUESTION MUST BE ANSWERED FOR THE APPLICATION TO BE CONSIDERED.

1.	DATE SUBMITTED					
2.	TRADE NAME OF BOOTH					
3.	ADDRESS					
4.	COORDINATOR/REP NAME					
5.	PHONE NO. (WORK) () (HOME) ()					
6.	NAME OF EVENT					
7.	LOCATION OF EVENT					
8.	DATE(S) OF EVENT TO TIME(S) TO					
9.						
10.	INDICATE TYPE OF FOOD BOOTH MATERIALS:					
	FLOORS OVERHEAD PROTECTION					
11.	IS FOOD TO BE SOLD PREPARED OFF SITE ? YES NO					
	IF YES, NAME OF FOOD ESTABLISHMENT **ATTACH A COPY THE ESTABLISHMENT'S HEALTH DEPT. PERMIT					
12.	TYPE OF FOOD FACILITY (BOOTH, MOBILE UNIT, STAND, ETC)					
	(DOOTH, MODILE ONH, OTHER, ETO)					

(FSS-TEMP2)

13.	HOW WILL THE	FOLLOWING SERVIC	ES BE PROVIDED?		
	WATER S	SERVICE			
	GARBAG	E DISPOSAL			
	LIQUID W	/ASTE DISPOSAL			
14.	ARE POTENTIAYES	LLY HAZARDOUS FOO	ODS (PHF) TO BE SC	OLD AT YOUR BOOT	H/UNIT?
		OTENTIALLY HAZARDO OKED BEANS/RICE/PA			, EGGS,
	IF YES, WHAT IS T	HE LENGTH OF TIME	IN TRANSPORT?		
	HOW IS THE PHF	ΓΟ BE KEPT HOT OR (COLD DURING TRAN	ISPORT?	
15.		OS TO BE SERVED: OF HEALTH RESERVES TH	E RIGHT TO LIMIT THE M	ΛΕΝU)	
	FOOD/ BEVERAGE	INGREDIENTS	WHERE PREPARED	METHOD OF PREPARATION	
	BEVERVIOL		TILLITALE	THEFT	
16.	PROVIDE THE F	FOLLOWING INFORMA	ATION:		
	CONDIMENTS (HOW SERVED)	UTENSILS (HOW CLEAN/SANIT)	REFRIGERATION (TYPE)	LIST ALL COOKING EQUIP	
	(HOW OLIVED)	OLL/ (IV/O/IVII)	(111 =)	COOKII O EQUII	

17. HAVE THE FOOD WO	HAVE THE FOOD WORKERS ATTENDED A FOOD PROTECTION COURSE?				
YESN	IO				
IF YES, WHEN AND WH	ERE?				
	CERTIF	ICATION			
with them. I understand that	failure to comply may	stablishments, understand them, a result in a permit not being issued -Service Establishments Chapter	d or permit		
OPERATOR		DATE			
OPERATOR - PRINT	NAME				